

Issues in psychological wellbeing and depression for people with aphasia: Need for inter-professional practice

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Depression, anxiety, altered identity and reduced coping are common psychological effects of stroke.



Service barriers to optimal care include:

- shortage of psychologists (Australian Psychological Society, 2014)
- health professionals report low confidence and skills in counselling (Vickers et al., 2007).
- counselling health professionals report low skills in working with people with aphasia (Rowland et al. 2009).



People with aphasia are particularly at risk of reduced psychological wellbeing (Hilari, 2011).

Aphasia (communication disability) makes it difficult to access and participate in many traditional psychological therapies.

Methods

We integrated results from a recent systematic review and national practice survey of current practice of the stroke multidisciplinary team to investigate psychological care for people with aphasia after stroke.

Aims	Findings/Results
Review rehabilitation interventions for aphasia that include depression or psychological wellbeing as outcomes	<ul style="list-style-type: none"> People with aphasia are under-represented in studies using depression outcomes (Townend et al., 2007) One study showed effective treatment of depression in people with aphasia (Thomas et al., 2013) Meaningful engagement and maintaining a positive outlook are among several themes identified as key to psychological wellbeing in aphasia (Brown et al., 2012; Grohn et al. 2012)
Describe current Australian practice	<ul style="list-style-type: none"> Only 32% of stroke survivors are offered formal counselling on discharge from hospital (NSF, 2012) 99% of speech pathologists seek support from the multidisciplinary team to manage psychological wellbeing in aphasia (Sekhon et al., 2015) The benefit of inter-professional practice is acknowledged but inconsistently implemented (Rose et al., 2013)
Identify barriers and facilitators to optimal psychological care	<ul style="list-style-type: none"> Speech pathologists report a) low skills in counselling, b) inadequate time, c) that the multidisciplinary team feel under-skilled to communicate with people with aphasia, and d) people with aphasia decline referrals to counselling health professionals (Sekhon et al., 2015). The key facilitator is the availability of trained multidisciplinary health professionals who are comfortable working with people with aphasia (Sekhon et al., 2015).

Discussion: Rehabilitation interventions can improve psychological outcomes after post-stroke aphasia however barriers to optimal care exist. Current models of service delivery do not enable people with aphasia to access the support they need to live successfully with this chronic communication disability. Members of the multidisciplinary team lack confidence to provide such services. Stroke health professionals need up-skilling in aphasia and psychological support. Enhancing collaboration and supporting the application of psychological care models to those with aphasia after stroke is recommended.

